

# **Patient Satisfaction Surveys for Critical Access Hospitals**

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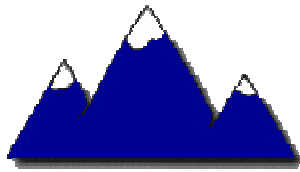


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## PATIENT SATISFACTION SURVEYS FOR CRITICAL ACCESS HOSPITALS

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# SECTION I

## Why Evaluate Patient Satisfaction



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# ***Why Should You Evaluate Patient Satisfaction?***

Improving the quality of patient care in American hospitals is a vital and necessary activity. Patients report they receive less individual attention than ever before. They complain that doctors and nurses are too busy tending to the technical aspects of care to provide the much needed attention to patients' personal needs.

While the business community has been involved in assessing customer satisfaction for at least a decade, the medical community has lagged considerably in assessing patient satisfaction. More recent developments in the medical environment have prompted the health care profession to recognize patients as valuable customers. Medical groups have been more involved in this process due primarily to major incentives from a payer-driven to a patient-driven mode and the increase competition among physicians arising from the diminished differences in price. The National Committee for Quality Assurance (NCQA) efforts in the collection of Health Plan Employer Data and Information Set survey results has also affected the collection of patient satisfaction data in physician practices.

There are many reasons why critical access hospitals should evaluate patient satisfaction. We are often the poorest objective judge of one's own appearance. It is also unusual for those around us to give unsolicited criticism about the need for improvement (Emily Post advises against it as impolite). Most people when receiving poor service or bad food at a restaurant don't complain, they just warn their friends and refuse to return. You can be blissfully unaware of any problem and patients remain unsatisfied.

Patient satisfaction is as important as other clinical health measures and is a primary means of measuring the effectiveness of health care delivery. The current competitive environment has forced health care organizations to focus on patient satisfaction as a way to gain and maintain market share. If you don't know what your strengths and weaknesses are, you can't compete effectively.

The data gathered through measuring patient satisfaction reflects care delivered by staff and physicians and can serve as a tool in decision-making. Patient satisfaction surveys can be tools for learning; they can give proportion to problem areas and a reference point for making management decisions. They can also serve as a means of holding physicians accountable – physicians can be compelled to show they have acceptable levels of patient satisfaction. Patient satisfaction data can also be used to document health care quality to accrediting organizations and consumer groups and can provide leverage in negotiating contracts.

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Probably the most important reason to conduct patient satisfaction surveys is that they provide the ability to identify and resolve potential problems before they become serious. They can also be used to assess and measure specific initiatives or changes in service delivery. They can identify those operations and procedures that require better explanation to patients. And most importantly, they can increase patient loyalty by demonstrating you care about their perceptions and are looking for ways to improve.

There are a number of challenges small facilities, in particular, may face with conducting patient satisfaction surveys. These include: tight budgets, lack of funding, lack of commitment from administration or staff, lack of in-house expertise to plan and manage task, lack of in-house resources for existing staff, with small sample size, designing a statistically valid sampling process, obtaining acceptable response rates and reliable data, properly analyzing and reporting survey data, translating findings into information that can be used for program planning and quality improvement efforts, no institutional incentives for performance improvement, and selecting a survey instrument that will produce valid and reliable results. Although there are numerous challenges for small rural hospitals, we are hoping this publication will make the process easier to understand and manage.

## ***What is Satisfaction?***

Before attempting to evaluate patient satisfaction, we need to know what it is. How we define patient satisfaction will help us structure an evaluation process that provides adequate measurements of the variables that contribute to a patients' level of satisfaction.

Although most patients are generally satisfied with their service experience, they may not be uniformly satisfied with all aspects of the care they receive. Therein lies the challenge to management – how much service is enough to elicit high satisfaction and keep them coming back?

A patient's experience within a hospital environment is based on numerous encounters with a wide variety of individuals and locations. The first encounter is with the facility's parking lot, followed by physically accessing the facility, the admissions process, encounters with physicians, nurses, lab personnel, and other service providers and their respective physical locations, including patient rooms and the care they receive while in their room, the discharge process, and finally the billing/payment process. There are any number of factors that could impact on the patient's perception of the care provided throughout an inpatient stay.

Factors may include the cleanliness of the environment, the appearance of the facility, the ease of access to specific locations, the concern expressed from various staff and providers for the patient's well-being, the amount of time they had to wait before getting care, the quality of the interaction with providers, the clarity of the communication from

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providers, the outcome from the care provided, the cost of the visit, the quality of the food, the perceived efficiency in which care was delivered, and on and on.

Over the years there have been various definitions of patient satisfaction. Susie Linder-Pelz (1982b, p. 578), in her review of the patient satisfaction literature, offers the following definition: patient satisfaction is "...positive evaluations of distinct dimensions of the health care. (The care being evaluated might be a single clinic visit, treatment throughout an illness episode, a particular health care setting or plan, or the health care system in general.)"

The suggestion by Linder-Pelz is that satisfaction must be understood within the context in which a variety of elements may be more or less satisfying to the patient. She identified 10 elements that can be used to determine satisfaction:

1. Accessibility/convenience
2. Availability of resources
3. Continuity of care
4. Efficacy/outcomes of care
5. Finances
6. Humaneness
7. Information gathering
8. Information giving
9. Pleasantness of surroundings
10. Quality/competence

A well-designed patient satisfaction survey will incorporate these elements as it relates to the total patient experience.



# SECTION II



## Survey Methods

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# ***Survey Methods***

There are two broad categories of surveys: the questionnaire and the interview. Questionnaires are typically paper-and-pencil instruments that the patient completes but also can include computerized versions that are accessed at the site through a kiosk or through the Internet. Interviews are completed by the interviewer and are based on what the patient says. The following section discusses the various types of surveys and the advantages or capabilities and the disadvantages or limitations of each type.

## **Interviews**

Interviews are a more personal form of surveys than questionnaires. Interviews can occur on an individual basis or within groups and either over the telephone or in person. Properly conducted interviews can provide managers and decision makers with a deeper understanding of patient perceptions about their hospital environment.

Unlike structured survey methods which require strict adherence to a set procedure to ensure the scientific accuracy of the results, interviewing techniques are less rigid and concentrate more on revealing issues and underlying reasoning rather than on quantifying patient attitudes and behavior. The more face-to-face nature of group meetings enable you to not only ask patients “what” are their issues, opinions, and needs, but also to probe “why” they feel such issues, opinions and needs exist.

The interpersonal nature of interviews allows for much give and take of information. Often during the course of an interview, issues raised will need clarification from either the facility or patients. Interviews provide an outstanding opportunity to answer questions and clarify issues.

Conducting these interviews can serve a public relation’s role for your organization. By providing patients with a formal opportunity to express their views, your facility is making a strong statement of its interest in the attitudes of patients. Still, the manner in which you respond to the issues raised will ultimately demonstrate your respect for, and commitment to patient involvement in the health care system.

For the sake of brevity, detailed information on the process of conducting individual and/or group interviews is not repeated here. Please refer to the publication “Conducting Key Informant and Focus Group Interviews” for more specific information on the process of interviewing. These same techniques can be applied to individual patients and groups of patients.

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The advantage of interviews is their personal form. Unlike questionnaires, the interviewer has the opportunity to probe or ask follow-up questions. Interviews are generally easier for the respondent, especially if what is sought is opinions or impressions. However, they can be very time-consuming and they are resource intensive. The interviewer is considered a part of the measurement instrument and interviewers have to be well trained in how to respond to any contingency. In addition, if the interviewer is on the staff of the facility, there may be some reticence by patients to share their perceptions openly and honestly. Even an outside interviewer might encounter problems because the patient's identity is known. Interviews conducted by people external to the organization are preferable.

## **Questionnaires**

When most people think of questionnaires, they think of written surveys. Written surveys consist of the same exact instrument sent (usually mailed) to a wide number of people. In this instance, a patient satisfaction survey could be distributed directly to patients either at the completion of their inpatient stay or by mailing them to their homes.

There are also digital ways to gather patient satisfaction data. Some facilities may provide access to a kiosk that will allow patients to answer questions regarding their stay. Others have websites that allow patients to provide feedback via the Internet. The most obvious advantage to this approach is that data-entry is completed by the patient, eliminating the need for manual data-entry. This also minimizes human error. However, this approach will not be appropriate for all patients, especially those who are not computer literate or who do not have access to the Internet. This might be a good option in combination with another method of obtaining patient satisfaction data.

A second type of questionnaire is the group-administered questionnaire. The difference between a group administered questionnaire and a group interview is that each respondent is handed an identical survey to complete while in the room for a group administered questionnaire and for a group interview, respondents don't complete a survey individually but listen and answer questions as part of a group.

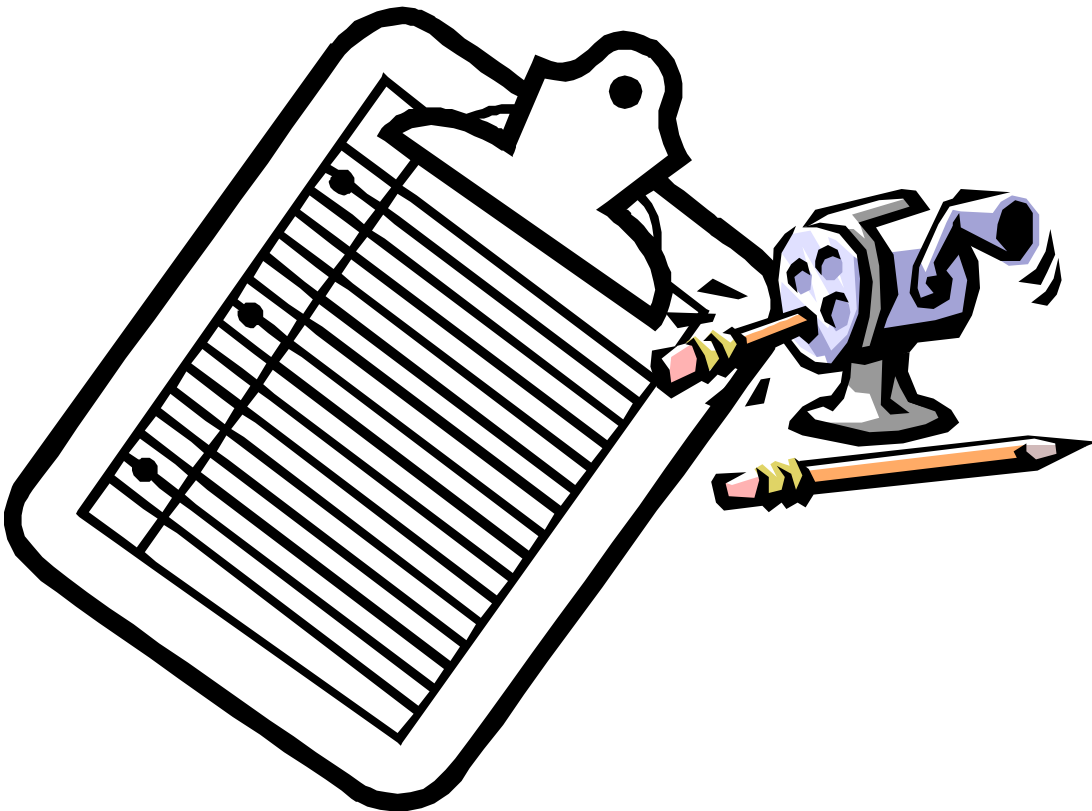
There are many advantages to a written survey. They are relatively inexpensive to administer and you can send the exact same survey to a wide number of people. They allow the respondent to fill it out at their own convenience. They can be completely anonymous and confidential, removing the fear of responding honestly. However, the disadvantages are that response rates from written surveys are often very low and they are not the best vehicles for asking for detailed written responses. In addition, poorly designed questions can be misinterpreted by respondents and incorrectly designed surveys may produce invalid and misleading results.

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Group administered questionnaires are also inexpensive to administer and could increase the response rate. However, there may be reluctance on the part of the patients to respond honestly for fear of being identified. Measures would be necessary to insure confidentiality.

The remaining sections of this publication, discuss the specific steps to design, distribute, and analyze a patient satisfaction survey using a written survey model.

# **SECTION III**



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# ***Steps in Process***

There are seven basic steps in any survey project. An eighth step was added to address how the data will be used and who is privy to the analysis.

- 1. Establish goals of project - what you want to learn**
- 2. Determine your sample - who will you ask**
- 3. Choose interviewing methodology - how you will ask**
- 4. Create questionnaire - what you will ask**
- 5. Pre-test the questionnaire, if practical - test the questions**
- 6. Distribute questionnaire - ask the questions**
- 7. Enter and analyze data - produce the reports**
- 8. Distribution/sharing of reports.**

## ***1. What do you want to learn?***

Write down what information you need or what you want to know from your patients. Typically, in patient satisfaction surveys you want to learn their overall level of satisfaction and their satisfaction with various encounters during their stay (entry, transport, diagnostic, clinical, ancillary, support, service, communications, financial, information, procurement, etc.).

## ***2. Who will you ask?***

In this instance, the target population (who you will ask) will be patients of your facility.

## ***3. How will you ask?***

There are a variety of methods including personal or group interviews and questionnaires (written, telephone, or on-line for individuals or groups). For our purposes, this guide is focused on constructing and conducting written questionnaires. There are other options you also might want to consider. There are a number of “off-the-shelf” products available for purchase and several Internet companies that specialize in on-line patient satisfaction surveys. Just search for “patient satisfaction surveys” and you can check out their websites and request information on costs.

## ***4. What will you ask?***

Write questions you think will elicit the information you need. Survey questions may be *open-ended* – questions requiring the respondents to provide answers in their own words, or *closed-ended* – questions requiring the respondents to select from responses or answers you provide. Most surveys use closed-ended questions typically in the form of multiple choice, *True-False*, *Yes-No*, *Agree-*

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*Disagree* or rating and agreement scales: *Excellent to Poor* or *Strongly Agree to Strongly Disagree*. While open-ended questions can potentially provide you with greater insights into patients' attitudes or knowledge, interpreting responses to open-ended questions is time consuming and can be misleading, unless you develop a carefully created coding system. Closed-ended questions are much easier for you to use and score because of the uniformity of the responses. For your greatest benefit, if you are considering an open-ended question, first determine if you can create a closed-ended question that can provide you with the same information. You should also consider how the order of questions or the order of answer choices can affect the results. Mentioning something in one question can make people think of it while they answer a later question. Tips to constructing questions follow later in this section.

## **5.     *Pre-test questions***

If you are designing a set of questions from scratch, you should test them with a small number of individuals prior to distributing to the entire sample. Ideally, you should test the survey on the same kinds of people you will include in the main study. This kind of test run can reveal unanticipated problems with question wording, instructions to skip questions, etc. It can help determine if your questions are clear and concise and obtain useful answers.

## **6.     *Distribute survey***

One key to a successful patient satisfaction survey process is the manner in which the surveys are distributed and collected. Patients must be certain that their anonymity will be maintained. The survey must be anonymous. Surveys can be distributed to patients by giving them a copy immediately prior to discharge or mailing it directly to their home. However it is distributed, make sure that the survey doesn't identify individual patients. If you can afford to have an outside agency collect and analyze the data, include a postage paid return envelope directly to this agency. If you have to complete this process with internal resources, either have a central location where patients can drop off their surveys (which protects their identity) or include a postage paid return envelope. If you are going to distribute the survey prior to discharge, make sure the individuals who give your patients the survey, do so in a consistent and professional manner with an explanation of the importance of their feedback. If you distribute the survey through the mail, include a cover letter from the administrator to explain the reasons and importance for completing a survey. The letter should stress the need for patients to express their honest opinions and state clearly that the hospital administration nor anyone else will know the identify of the patient filling out the survey. Make sure the survey itself contains no identifying marks (numbers or other identifiers) that would lead the patient to think their identity will be compromised. Since written surveys typically have lower response rates, with smaller facilities, giving every patient a survey would be advisable to obtain the necessary numbers required for validity. With larger

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patient populations, selecting a random sample (e.g. every 3<sup>rd</sup> patient) would be advisable.

## **7.     *Produce report***

Typically, written surveys have lower response rates (20%-30%). A good total response rate for a written patient satisfaction survey is in the 40% to 60% range. If the response rate lags, about two weeks after the initial distribution of the survey send a reminder to all patients. All data from the surveys should be entered into a database or spreadsheet program for analysis. It would be too time consuming to try to manually tally responses to individual questions, although it is possible to do so. Analyze all the responses (avoid partial analysis). Do not extend results that are valid for the given sample to the entire population without taking the necessary precautions. Typically a report includes a description of survey's purpose, who received the survey, how it was distributed, how many responded, a brief summary of the highlights, and the actual responses to each question. A patient satisfaction survey report should include the frequencies (numbers) or distribution (percentages) of responses for each question. Sometimes it is useful to compare responses to two or more questions (cross tabulations). Avoid biases and "politically correct" conclusions. Wherever possible, the use of charts and graphs should be included to visually depict the data. Most word processing programs have the capability to insert a chart or graph.

## **8.     *Distribution/dissemination of report***

Once a report has been prepared using the data from the survey process, a decision needs to be made on who has access to this data. Patients who participated in the survey process deserve feedback regarding the results. Hospital board members would also benefit from reviewing the results of a patient satisfaction survey. A good mechanism for sharing the results of the survey would be the preparation of a presentation using either Microsoft Powerpoint or transparencies. Separate presentations could be made to key department managers and to hospital board members. You could also post a summary of the findings on bulletin boards throughout the facility where staff and patients could publicly view the information.

Patient satisfaction surveys can be used to identify areas for improvement. They can be useful tools to assess patient perceptions about the facility overall, how accessible or convenient were facility resources, were they attended to in a timely fashion, how well they perceive they were treated by various staff and physicians, how effective the services provided were on their health outcome, their perceptions on the competency of the staff or physician(s), how clear was the information shared with them from staff or physician(s), and even what improvements patients feel are needed.



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# ***Survey Design/Construction***

## **Basic Tips on Writing Closed-ended Questions**

1. Questions should be clearly related to what you are trying to accomplish with the survey – as outlined in your cover letter to the patient or in an introductory paragraph at the beginning of the survey. Patients need to see the connection between each question and the overall purpose of the survey.
2. Keep your questions brief and concise, using Standard English and proper grammar. Avoid jargon, acronyms, and scientific terms – all of which are common pitfalls when trying to communicate.
3. Avoid writing biased questions and responses, which lead the patient to provide responses that reflect your opinions or attitudes. The best way to check this is to ask someone with contrary views to review your survey for biases.
4. Do not introduce more than one concept, issue or thought per question. For example, “the nurses were friendly and competent” would require a response to two service attributes in a single question. It is possible for a nurse to be friendly but incompetent or unfriendly and competent. In addition, it is wise to group questions in an organized fashion or use a transitional statement in between to help the patient in answering questions.
5. When asking background or demographic information, avoid being too personal, for you may offend or inhibit the respondent, thus discouraging them from completing the survey. For example, if trying to determine their annual household income provide income range choices rather than requiring them to provide their specific income. This example holds true for age and education background as well. Do not include demographic questions when the following apply: a) the sample size is so small (less than 50 responses) that including the questions provides no added value or b) when the survey is too long.
6. Always include instructions on how to answer the question, no matter how obvious it may seem to you. Such as “check all that applies”, “circle the one best answer”, and so forth.
7. If you are coding your answers, check to see if your coding is consistent. (Coding is the assignment of a number that represents a response when using a computer to assist in handling the data). For example, all questions that are yes/no should use the same code to represent “yes” (either a number, or “y” or “t” for true, or “yes”). Note the response categories to the various questions in the sample survey included in this kit and the consistency of numbers that represent similar responses. If you are planning to input your survey responses into a

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computer or contract with an agency or university to compile your data, double check your final survey draft to make sure all coded responses are consistent.

8. Once you have drafted your questions, you need to group them in logical order or sequence. In the sample survey included in the next section, you'll note that the survey questions are grouped with questions related to the patient's first encounter with the organization first, followed by questions in sequence about the services provided.

## *Decision time...*

You can draft your own survey questions from scratch or create a survey using a combination of your own questions and the questions contained in the sample survey provided in the next section. This survey instrument was designed by reviewing many different patient satisfaction surveys and incorporating what the author felt were the best questions. The sample Patient Satisfaction Survey includes questions for measuring perceptions, attitudes, and satisfaction levels and is on a disk in three formats (Microsoft Word file (doc), MS DOS text with layout (asc) and an ASCII file (txt)). The disk is can be found in Section IV.

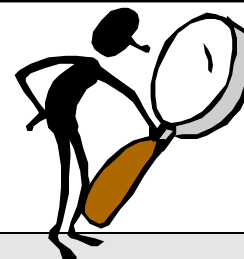
To customize the survey to your facility, simply insert your facility's name where appropriate. Your survey should be as brief as possible without compromising its ability to provide you the information you want. If your survey is too long, the response rate will suffer, the data gathered will become more difficult to manage, and the time you will need to process the data will increase. Once you have completed a draft of your survey, test it on a few patients or colleagues. Ask them to critique it for clarity, simplicity and the time it takes to complete it. In other words, test its "user-friendliness!"



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## Packaging and Laying Out Your Survey

### *The Appearance of Things*



The appearance of the survey can have a major impact on the response rate. The more attractive and easy to read, the more likely the patient will complete it and return it promptly. The appearance of the survey also affects patients' perceptions of the credibility and importance of the survey. Follow these basic rules of print design and layout when formatting the appearance of your survey:

1. Never use a type (font) size smaller than 10 point (pt). Preferable, use 12 pt. Remember, the smaller the type, the more difficult to read.
2. Don't crowd a page with type. Allow for space (known as "white space") between questions and provide adequate margins on the sides, top and bottom of the page. White space enhances the readability and eye appeal of the survey.
3. Use boldface, underlining, and italics to set off key words, phrases or instructions.
4. Use arrows and boxes to guide respondents to questions that must be asked in sequence. For example: "If you answered YES to Question 16, go to Question 18". An arrow from YES could be drawn to a box-containing Question 18.
5. Make two-sided copies. Single-sided pages will make the survey feel and look longer than it actually is, discouraging some patients from completing it. In addition, a survey printed using both sides of a page will weigh less, saving you money on postage costs.
6. Avoid page breaks within a question.
7. When possible, arrange responses to each question so they create a vertical presentation on the page. This vertical presentation of responses on the page helps prevent respondents from inadvertently missing an answer, which can happen if the responses require respondents to visually move all around the page rather than in a straight, vertical line.
8. Give the survey an attractive cover page, which should include the name of the survey, a brief statement of why you're conducting the survey, and the name of the organization sponsoring the survey. An attractive illustration that relates to the topic of the survey is also a good idea.

# SECTION IV



## Patient Satisfaction Survey Template

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# ***Patient Satisfaction Survey Template***

The following patient satisfaction survey template was designed to address a variety of different encounters a patient might have in the hospital environment. It is an attempt to assess a patient's perspective about quality issues, access issues, interpersonal issues, service delivery issues, and facility issues. We have field-tested this instrument with two groups of elderly (65-74 and 75+) to insure it was easy to understand.

The survey template includes questions about the hospital's emergency department, the admissions and discharge services, nursing services, physician services, nutritional services, diagnostic services, physical accommodations, other optional questions (suggestions for improvements), and demographic information.

There are many other questions that might be included. If you are concerned about a particular process, this template can be easily modified to include additional questions. If you have an outpatient clinic or surgery center, you might want to modify this template to include questions specific to those services. Additional questions might address the following areas:

- Ease of getting through on the phone
- Does the facility participate in the patient's insurance
- Was this the first time they were a patient at the facility
- Ease of seeing doctor of choice
- Helpfulness of people in business office
- Explanations about costs and how to handle your hospital bills
- The completeness and accuracy of information
- Willingness of hospital to answer your questions about finances
- How well things were done – giving medicine or handling IVs
- Frequency with which nurse(s) checked on the patient
- Quality of health information materials
- Ability to get a call returned; availability of medical advice by phone
- Getting test results back quickly
- Outcomes of care, how much the patient was helped or how much their medical condition was improved by the hospitalization
- Advice on how to avoid illness/stay healthy
- How well your pain was managed according to your preferences
- Were anxieties or concerns addressed
- Teamwork of all hospital staff who took care of you
- Sensitivity of hospital staff to your special problems and concerns

This template is simply a starting point. You might want to use this initially and after you have input from several hundred patients, refine the survey to focus in on the problem areas. The key is to gather the information so you can make improvements to the services your facility provides and ultimately, strengthen your market share.

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# PATIENT SATISFACTION SURVEY

## \_\_\_\_\_ Hospital

# Share your opinions!

We need your help! Your answers to the following questions will be an important part of the quality assurance process for our hospital. Please take a few minutes to complete this survey, and return it in the enclosed postage paid envelope today. The information you provide will be completely anonymous. We are asking you to “rate” your recent experience at our hospital by circling your level of satisfaction with various services provided throughout your inpatient stay. If you did not receive specific services mentioned, simply circle the number “6” for NA (not applicable).

**Your zip code:** \_\_\_\_\_

### I. \_\_\_\_\_ Hospital Emergency Room/Department Ratings

(please skip to item II if you were not admitted through the ER)

Circle the number that most closely approximates your experience in the ER.

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
a) Over all rating of ER services	1	2	3	4	5	6
b) Level of care provided	1	2	3	4	5	6
c) Wait time	1	2	3	4	5	6
d) Explanation of procedures or services provided	1	2	3	4	5	6
e) Emergency department facility	1	2	3	4	5	6
f) Attending physician personality	1	2	3	4	5	6
g) Nursing staff personality	1	2	3	4	5	6
h) Quality of aftercare instruction	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why: \_\_\_\_\_

## II. Admissions and Discharge Services

Circle the number that most closely approximates your experience in the admissions and discharge process.

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
a) Over all rating of the admissions process	1	2	3	4	5	6
b) Staff attention	1	2	3	4	5	6
c) Wait time	1	2	3	4	5	6
d) Explanation of procedures	1	2	3	4	5	6
e) Personality of admitting staff	1	2	3	4	5	6
f) Information provided on billing process	1	2	3	4	5	6
g) Transport to room	1	2	3	4	5	6
h) Overall rating of discharge process	1	2	3	4	5	6
i) Clear and understandable bill	1	2	3	4	5	6
j) Explanation of aftercare instructions	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why: \_\_\_\_\_

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### III. Nursing Services

Circle the number that most closely approximates your experience with the services provided by nursing personnel while in your room.

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
a. Over all rating of nursing services by shift:						
1) 7am – 3pm	1	2	3	4	5	6
2) 3pm – 11pm	1	2	3	4	5	6
3) 11pm – 7am	1	2	3	4	5	6
b. Nursing attention and responsiveness to needs:						
1) 7am – 3pm	1	2	3	4	5	6
2) 3pm – 11pm	1	2	3	4	5	6
3) 11pm – 7am	1	2	3	4	5	6
c. Wait time on call light:						
1) 7am – 3pm	1	2	3	4	5	6
2) 3pm – 11pm	1	2	3	4	5	6
3) 11pm – 7am	1	2	3	4	5	6
d. Explanation of procedures, tests, and treatments:						
1) 7am – 3pm	1	2	3	4	5	6
2) 3pm – 11pm	1	2	3	4	5	6
3) 11pm – 7am	1	2	3	4	5	6
e. Consideration for family and visitors:						
1) 7am – 3pm	1	2	3	4	5	6
2) 3pm – 11pm	1	2	3	4	5	6
3) 11pm – 7am	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why: \_\_\_\_\_



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#### IV. Physician Services

Circle the number that most closely approximates your experience with the services provided by the physicians.

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
a) Over all rating of physician services	1	2	3	4	5	6
b) Physician responsiveness to questions	1	2	3	4	5	6
c) Explanation of tests, procedures, treatments	1	2	3	4	5	6
d) Courtesy and respect you were given – friendliness/ kindness	1	2	3	4	5	6
e) Ability to diagnose problems	1	2	3	4	5	6
f) Thoroughness of exams	1	2	3	4	5	6
g) Skill in treating condition	1	2	3	4	5	6
h) Aftercare instructions	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why:\_\_\_\_\_

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#### V. Nutritional Services

Circle the number that most closely approximates your experience with the food that was provided while in your room.

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
a) Over all rating of nutritional services	1	2	3	4	5	6
b) Appearance of food	1	2	3	4	5	6
c) Flavor of food	1	2	3	4	5	6
d) Temperature of food	1	2	3	4	5	6
e) Variety of food	1	2	3	4	5	6
f) Received food selected off menu	1	2	3	4	5	6
g) Dietary counseling provided	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why:\_\_\_\_\_

#### VI. Diagnostic Services

Circle the number that most closely approximates your experience with the diagnostic services provided by other personnel while at the hospital.

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
a) Over all rating of diagnostic services	1	2	3	4	5	6
b) Cardiology (EKG)	1	2	3	4	5	6
c) Laboratory	1	2	3	4	5	6
d) Radiology (X-ray)	1	2	3	4	5	6
e) Respiratory therapy	1	2	3	4	5	6

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	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
f) Physical therapy	1	2	3	4	5	6
g) Transport personnel (escorts)	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why: \_\_\_\_\_

## VII. Accommodations/Physical Facility

Circle the number that most closely approximates your experience with the accommodations or facilities provided.

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
a) Over all rating of accommodations/facility	1	2	3	4	5	6
b) Ease of access to the facility	1	2	3	4	5	6
c) Comfort	1	2	3	4	5	6
d) Cleanliness	1	2	3	4	5	6
e) Attractiveness	1	2	3	4	5	6
f) Temperature	1	2	3	4	5	6
g) Quietness	1	2	3	4	5	6
h) Equipment	1	2	3	4	5	6

If you were somewhat or completely dissatisfied with any of the above items, please tell us why: \_\_\_\_\_

VIII. How would you describe the level of your overall satisfaction with your visit to \_\_\_\_\_ Hospital? Circle one number.

Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied
1	2	3	4	5

## OPTIONAL:

IX. Were there any hospital employees who provided you with exceptional service?

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X. If this were your hospital, what would you do to make it a better place?

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XI. Would you recommend this hospital to others? (circle one)      Yes                      No

The following questions are for statistical use only. The information will not be used to attempt to identify individuals. This section is optional, but would help our analysis of the data.

Check one box for each question.

D1. What is your age?.

- Under 18            ☐
- 18 to 24           ☐
- 25 to 34           ☐
- 35 to 44           ☐
- 45 to 54           ☐
- 55 to 64           ☐
- 65 to 74           ☐
- 75+                ☐

D2. What is your sex?

- Male               ☐
- Female            ☐

D3. What is your marital status?

- Married           ☐
- Unmarried        ☐

D4. What is your total annual income?

- Less than \$20,000                      ☐
- \$20,000 to less than \$30,000       ☐
- \$30,000 to less than \$40,000       ☐
- \$40,000 to less than \$50,000       ☐
- \$50,000 to less than \$75,000       ☐
- \$75,000 or more                        ☐

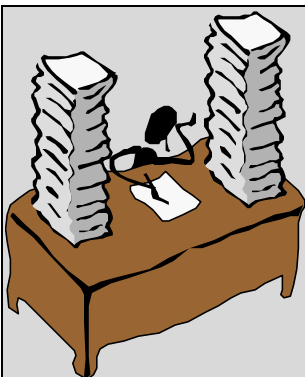
# SECTION V

## Patient Satisfaction Survey Report Template



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## ***Processing Survey Responses***



You have a couple of choices when it comes to processing the survey responses and compiling the data. If you are simply planning on comparing the number of respondents who answered one way or another per question, you can elect to do this yourself manually; however, if you really want to get the most from your data, by comparing multiple responses or variables, you should either enter and analyze the data yourself (see data entry section below) or consider contracting with a college, university or other agency practiced in research to compile and prepare the data for you. Many outside agencies will charge you only a nominal fee based on the number of questions and number of respondents.

If you choose to contract with an outside agency, have them review your survey questions before you distribute the survey. Many of these agencies utilize a certain response “coding” system to fit their particular computer program capabilities, and they may want to modify each question’s response categories. In addition, they may prefer that responses be mailed directly to them so they can compile the responses as they are returned.

If you would like to have an outside agency compile your data for you and are unable to locate such an agency in your area, call the Mountain States Group at (1-800-382-4234 extension 235) for price quotes.

## ***Data Entry***

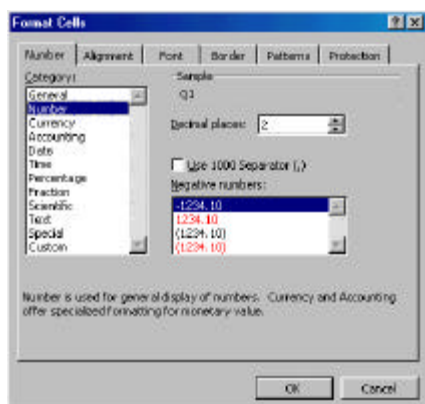
One of the easier methods to data entry and extraction would be using Microsoft Excel. The following is a brief explanation on how you would set up a spreadsheet (workbook) to enter the data from the patient satisfaction survey template using Excel. A sample workbook is included on the disk containing all sample files located at the beginning of Section IV of this publication.

Open a new office document and select the blank workbook option to start Excel. The cursor will appear in the top left hand cell of the workbook. Simply type in the various fields across the top row for each of the questions in the various sections (1a, 1b, 1la, etc.). The following graphic displays the screen showing what the workbook might look like. You could also name the fields according to the content of the question. For example, the first question asks about the overall satisfaction with the emergency room/department. The field name could be “ER Overall Satisfaction” rather than “1a”.

Either setup will work, however the later might be more helpful when it comes time to extract the data.

### Actual Excel Screen

	A	B	C	D	E	F	G	H	I
1	ZIP	I-a	I-b	I-c	I-d	I-d	I-f	I-g	I-h
2	65555	2	3	1	2	3	2	1	2
3	44444	2	2	4	2	2	1	2	1
4	65555								
5	65555	3	3	3	2	1	3	2	1
6	65555								
7	44444	2	1	2	3	2	1	2	2
8	65555	4	3	5	2	2	5	3	2
9	44444								
10	65555	2	1	1	2	2	2	3	2
11	65555	3	3	3	3	3	3	3	3
12	65555	5	4	5	4	3	5	4	4
13	44444	1	1	1	1	1	1	1	1
14	65555	2	3	1	2	3	2	1	
15	44444	2	2	4	2	2	1	2	
16	65555								
17	65555	3	3	3	2	1	3	2	
18	65555								
19	44444	2	1	2	3	2	1	2	



Once you have the spreadsheet set up and each field named (separate field for each question), you can start entering the data. It would be helpful if you selected the entire workbook and formatted the cells to be numeric. To do that, simply place your mouse on the first column (far left) and click and drag the mouse across the top of the spreadsheet until all the columns are selected. From there click on "format" and then "cells". From there the dialogue box to the left will appear. Select "number" under "category" and "0" decimal places and click on "OK". For questions that will contain text, select the column, click on "format" and then "cells". Select "general" or "text" under "category" and click "OK".

Once you have all data entered you can start extracting the data to use in the development of a report. There are a dozen different ways to extract the data and use it to prepare a report. A training course in Excel would provide the necessary knowledge to set up workbooks and extract and analyze the data.

---

# ***Survey Report Contents***

When preparing your report, we suggest you emphasize graphics along with text. Surveys lend themselves very well to a variety of graphs and charts. You will find graphs present the data in a much more concise and digestible manner than text and are much more effective in presentations. Text can be used to clarify and reveal greater analysis.

The report format should identify weaknesses but also celebrate successes. While you don't have to act on every suggestion that your patients give you, you should take action on the key items that are causing dissatisfaction. Remember that your goal is to improve quality, not to place blame.

Data can be reported by:

1. Single variables – including means, medians, modes and frequency distributions. For instance, how many males and females filled out the survey. This is useful for tracking patient satisfaction over time, comparing your data against other organizations and complying with accrediting requirements;
2. Two variables at a time – including cross-tabulation, simple correlations and regressions. An example is how many males or females answered yes or no to a particular question. This is useful in improving services and processes over time; and
3. Multiple variables – used to determine how satisfied your patients are, and what influences them to have high levels of satisfaction.

Typically a report includes a description of survey's purpose, who received the survey, how it was distributed, how many responded, a brief summary of the highlights, and the actual responses to each question. A survey report should include, at a minimum, the frequencies (numbers) or distribution (percentages) of responses for each question. Sometimes it is useful to compare responses to two or more questions (cross tabulations), however, be careful to avoid biases and "politically correct" conclusions.

The following is an example of a patient satisfaction survey report. The example is an initial survey that only looks at the data gathered at a single point in time and displays the data in both table format and graphics. Typically, patient satisfaction surveys are completed on an ongoing basis or accumulated until you have a sufficient number of completed surveys (150-200). An initial survey can be used as a baseline to compare subsequent survey data. Data from a survey can also be used to determine satisfaction levels before and after a major organizational change. A copy of a sample patient satisfaction survey report can be found on the Sample Files Disk (see Section IV).



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# **SAMPLE**

## **Community Hospital**

### **PATIENT SATISFACTION SURVEY RESULTS**

#### **10/2001**

This report presents the results of the Community Hospital Patient Satisfaction Survey compiled by Mountain States Group, Inc., in October 2001. The survey instrument was distributed to all patients of Community Hospital by mailing a cover letter, survey, and postage paid return envelope to all discharged patients within one week of their discharge. A follow-up postcard was sent to patients two weeks following the initial mailing to remind them to return the survey. For this report, 400 patients received the survey and 200 returned the survey (response rate 50%). The following is a summary of the results. Please note that some patients did not respond to all questions on this survey.

### **Executive Summary**

Of the total 200 patients who returned the Patient Satisfaction Survey and completed the optional section at the end:

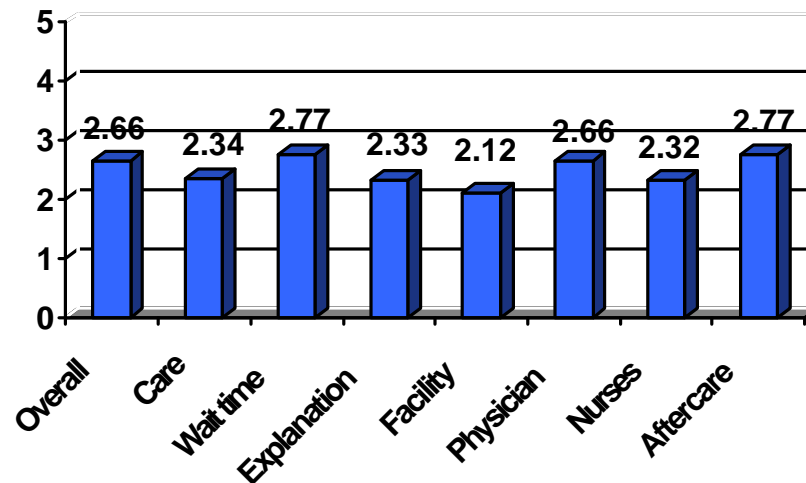
- ❖ 66% were from zip code 55555 and 34% were from 44444
- ❖ All age ranges were equally represented (12% each)
- ❖ 51.5% were male and 46.5% were female
- ❖ 63.5% were married and 35% were unmarried
- ❖ 28% had annual incomes of less than \$30,000
- ❖ 25% had annual incomes greater than \$50,000

The following is a summary of the findings for each department/service area. The charts depict the weighted averages of all responses for particular questions. For example: the responses from patients for the overall rating of the emergency department were 16 (1), 66 (2), 32 (3), 16 (4), and 16 (5). The total number of responses equals 146.  $16 \times 1 + 66 \times 2 + 32 \times 3 + 16 \times 4 + 16 \times 5 / 146 =$  the weighted average or  $388 / 146$  or 2.66 rounded off. The lower the number the better (completely satisfied = 1 and completely dissatisfied = 5). Weighted calculations, by maximizing the value of the sample size, allow you to get to a good indicator of satisfaction without having a huge volume of responses.

#### **Emergency Department**

There were 146 patients that apparently entered the facility through the emergency department. Their overall satisfaction was 2.66 out of 5 total. Two areas, in particular deserve attention: the wait time and the quality of aftercare instruction (weighted average = 2.77 each).

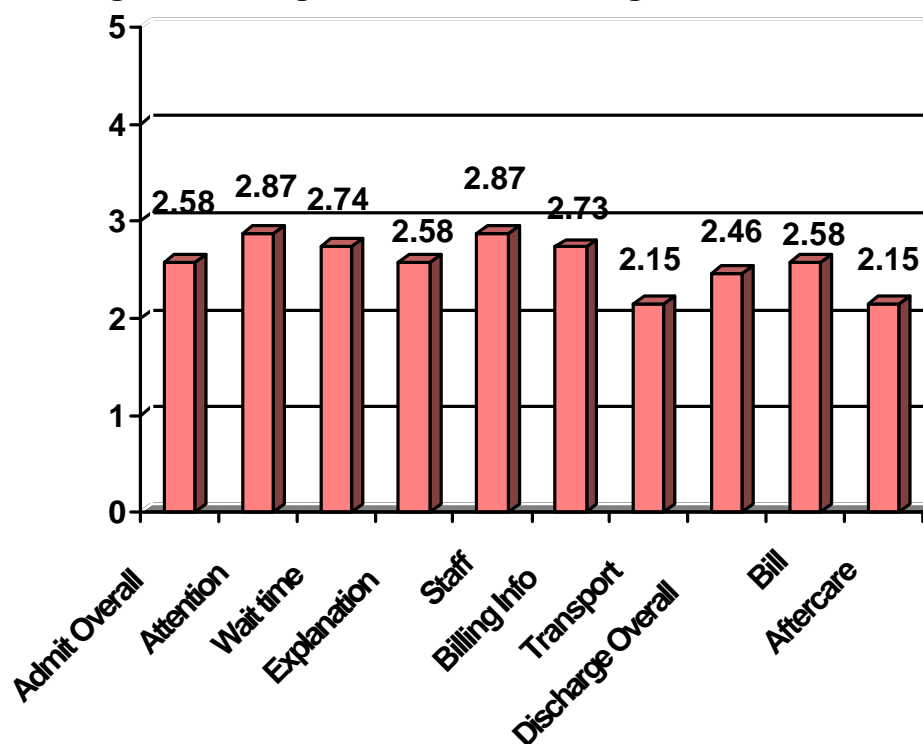
**Weighted Averages for Emergency Department**



Admissions and Discharge Services

All 200 patients completed the survey for the admission/discharge process. Their overall satisfaction with the admission process rated 2.58 out of 5 total and 2.46 out of 5 for the discharge process. Surprisingly, the weighted average for wait time was lower than staff attention and the personality of admitting staff.

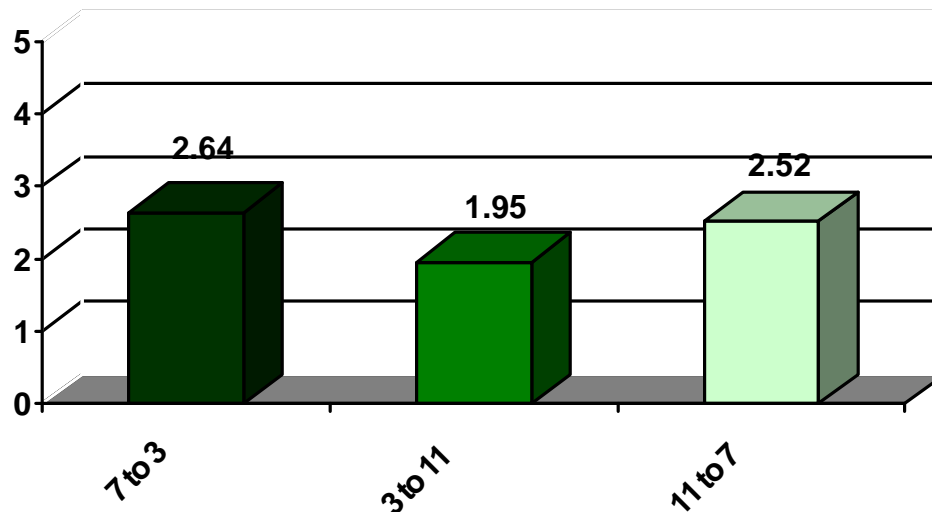
**Weighted Averages for Admit/Discharge Process**



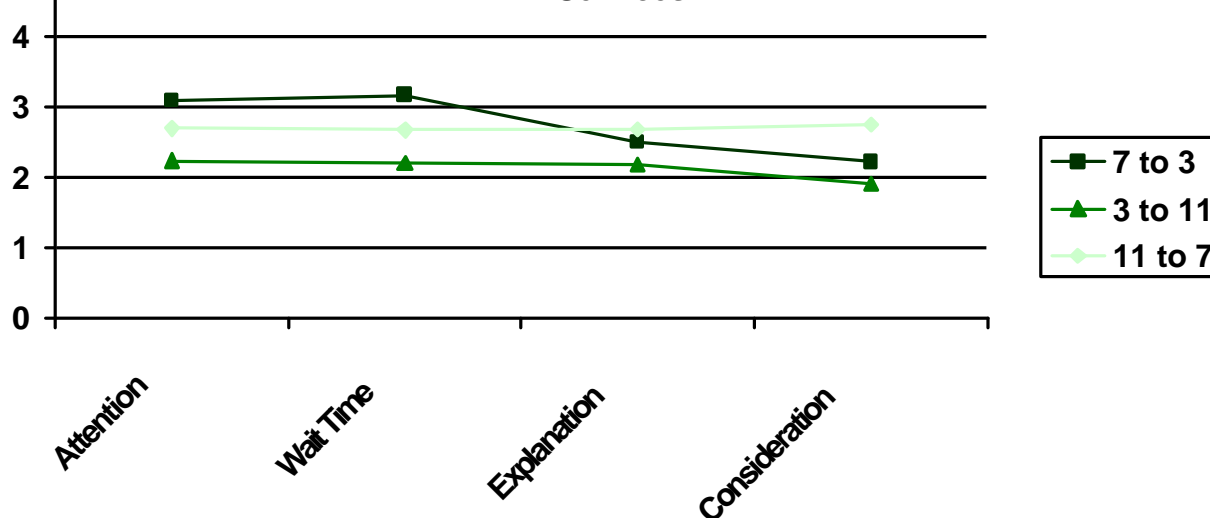
## Nursing Services

Overall satisfaction for nursing services ranged from 1.95 for the 3 to 11 shift to 2.64 for the 7 to 3 shift. Patients were more satisfied with services provided by the nurses on the 3 to 11 shift than either other shift. There was a marked difference between the 3 to 11 shift and the 7 to 3 shift for wait time on call light (2.21 versus 3.17) and nursing attention and responsiveness to needs (2.24 versus 3.09).

**Weighted Averages for Overall Satisfaction for Nursing Services**



**Weighted Averages for Satisfaction for Various Nursing Services**

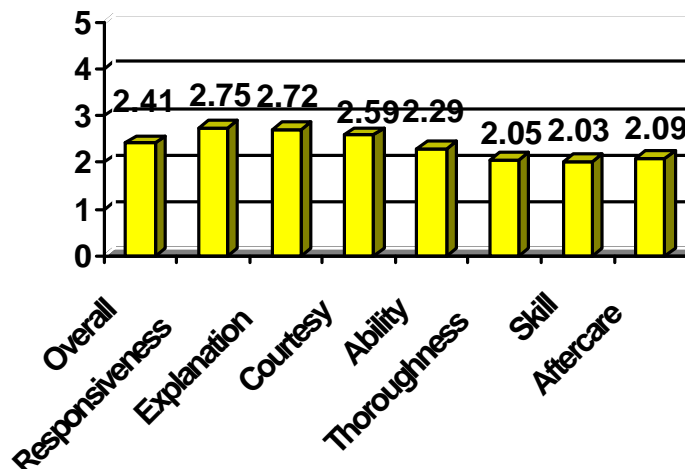


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## Physician Services

Overall satisfaction with physician services was 2.41 on a 5 point scale. Patients generally were more satisfied with the physician's ability, thoroughness, skill, and aftercare instructions than with their responsiveness to questions, explanation of tests, procedures, and treatments, and courtesy and respect given.

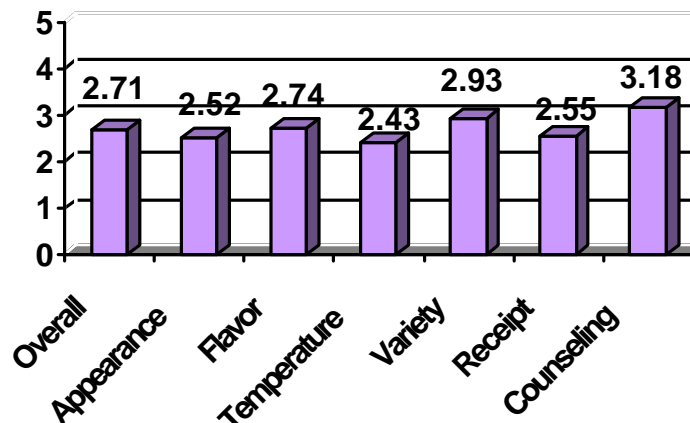
### **Weighted Averages - Satisfaction with Physician Services**



## Nutritional Services

Patients rated overall nutritional services at 2.71 on a 5 point scale. Dietary counseling provided rated highest at 3.18 indicating greater dissatisfaction. Flavor and variety also earned higher ratings of 2.74 and 2.93 respectively.

### **Weighted Averages - Satisfaction with Nutritional Services**

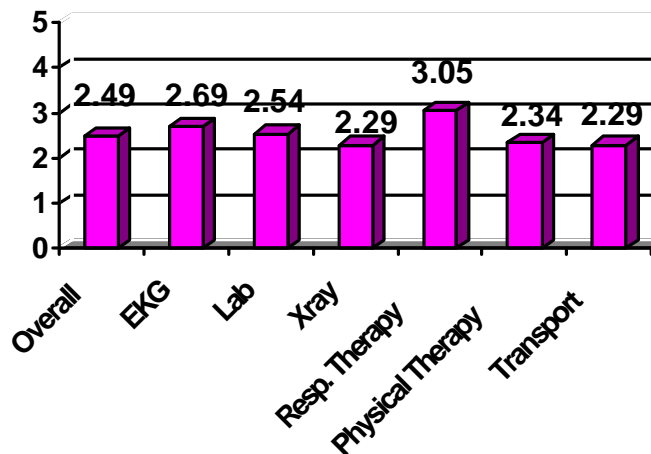


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## Diagnostic Services

Diagnostic services garnered a 2.49 overall rating. Radiology (x-ray) and transport personnel (escorts) received the lowest ratings of 2.29 each indicating greater satisfaction.

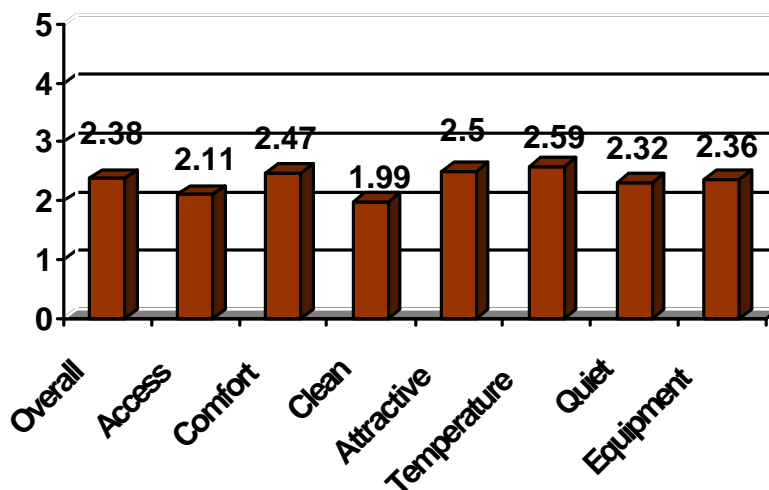
**Weighted Averages - Satisfaction with Diagnostic Services**



## Accommodations/Physical Facility

Overall satisfaction with the physical plant rated 2.38 on a 5 point scale. Cleanliness and accessibility rated lower with 1.99 and 2.11 respectively indicating greater satisfaction.

**Weighted Averages - Satisfaction with Accommodations**



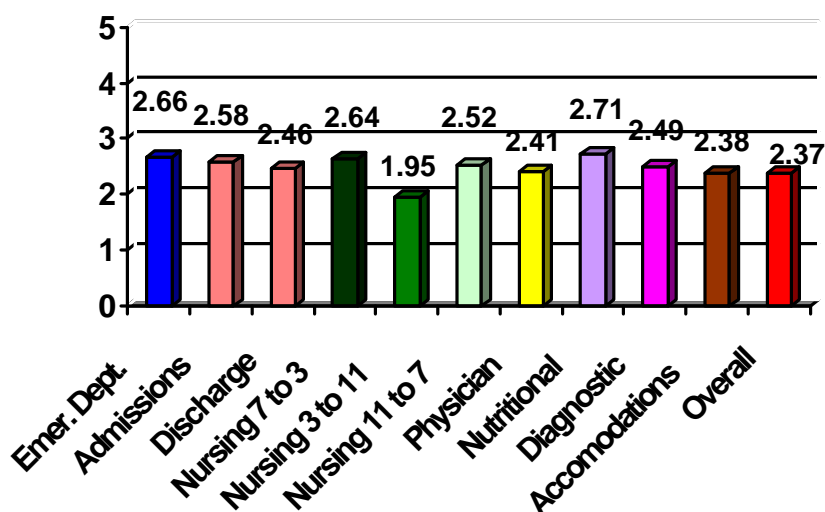
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## Overall Satisfaction

When patients were asked to select how satisfied they were with their stay overall, the weighted average was 2.37. A resounding 85.5% said they would recommend Community Hospital to others.

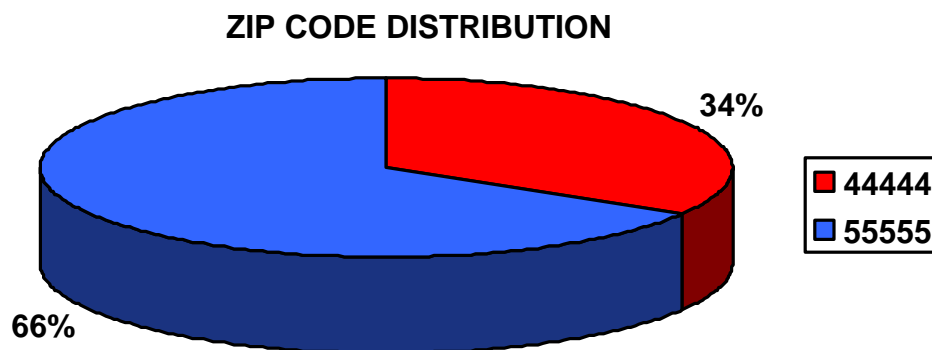
A comparison of the overall weighted averages for each of the different elements of a hospital visit indicates that patients are most satisfied with nursing services provided on the 3 to 11 shift and least satisfied overall with nutritional services.

**Comparisons of Overall Weighted Averages**



The following section contains the actual data reported by patients.

## Survey Data



There were sixty-seven (67) surveys returned from zip code 44444 and 133 from 55555.

## I. Hospital Emergency Room/Department Ratings

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
Overall rating of ER services	16	66	32	16	16	54
Level of care provided	48	17	65	16	0	54
Wait time	49	16	32	17	32	54
Explanation of procedures or services provided	16	82	32	16	0	54
Emergency department facility	32	65	49	0	0	54
Attending physician personality	16	66	32	16	16	54
Nursing staff personality	33	49	48	16	0	54
Quality of aftercare instruction	49	16	32	17	32	54

### Reasons for Dissatisfaction:

- After 2 hours of waiting the doctor finally showed up, didn't explain anything to me, both the nurse and the doctor were rude, and I didn't get any of my questions answered.
- Had to wait too long
- Wait too long for doctor to show up and then he is rude to me.

## II. Admissions and Discharge Services

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
Overall rating of the admissions process	57	38	56	30	19	0
Staff attention	28	28	86	58	0	0
Wait time	57	28	56	29	30	0
Explanation of procedures	28	57	86	29	0	0
Personality of admitting staff	28	28	86	58	0	0
Information provided on billing process	28	57	86	0	29	0
Transport to room	57	57	86	0	0	0
Overall rating of discharge process	57	28	86	25	4	0
Clear and understandable hospital bill	28	57	86	29	0	0
Explanation of aftercare instructions	57	57	86	0	0	0

Reasons for Dissatisfaction:

- No one paid attention, people were rude, couldn't understand my bill.
- The people were too busy to help, had to wait a long time to get to room.

III. Nursing Services

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
Overall rating of nursing services by shift:						
7am – 3pm	38	44	56	38	24	0
3pm – 11pm	77	61	58	4	0	0
11pm – 7am	38	77	38	38	9	0
Nursing attention and responsiveness to needs:						
7am – 3pm	20	55	42	53	30	0
3pm – 11pm	81	44	36	25	14	0
11pm – 7am	31	82	29	33	25	0
Wait time on call light:						
7am – 3pm	25	45	33	65	32	0
3pm – 11pm	79	42	39	39	1	0
11pm – 7am	36	66	40	42	16	0
Explanation of procedures, tests, and treatments:						
7am – 3pm	45	70	40	25	20	0
3pm – 11pm	81	38	45	36	0	0
11pm – 7am	32	69	43	42	14	0
Consideration for family and visitors:						
7am – 3pm	66	58	45	29	2	0
3pm – 11pm	89	62	33	10	6	0
11pm – 7am	20	62	80	25	13	0

Reasons for Dissatisfaction:

- Nurses didn't pay any attention to me, they were too busy.



---

#### IV. Physician Services

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
Overall rating of physician services	50	65	58	8	19	0
Physician responsiveness to questions	36	59	40	49	16	0
Explanation of tests, procedures, treatments	42	58	39	42	20	0
Courtesy and respect you were given – friendliness/ Kindness	33	62	69	26	10	0
Ability to diagnose problems	56	66	50	20	8	0
Thoroughness of exams	68	69	48	15	0	0
Skill in treating condition	65	72	56	6	1	0
Aftercare instructions	59	82	45	10	4	0

Reasons for Dissatisfaction:

- Didn't explain anything, couldn't find out what was wrong with me.
- Doctor was rude, didn't answer my questions, didn't explain anything.
- Hardly ever saw a doctor.

#### V. Nutritional Services

	<b>Completely Satisfied</b>	<b>Somewhat Satisfied</b>	<b>Neutral</b>	<b>Somewhat Dissatisfied</b>	<b>Completely Dissatisfied</b>	<b>NA</b>
Overall rating of nutritional services	42	38	69	38	13	0
Appearance of food	38	77	38	38	9	0
Flavor of food	26	62	66	30	16	0
Temperature of food	55	48	63	24	10	0
Variety of food	25	63	40	46	26	0
Receipt of food items marked on menu	40	65	55	26	14	0
Dietary counseling provided	21	33	60	62	24	0

Reason for Dissatisfaction:

- Cold food.
- Food was horrible.
- Lousy service.
- No one talked to me about my diet once I left.

## VI. Diagnostic Services

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
Overall rating of diagnostic services	38	41	77	20	3	21
Cardiology (EKG)	22	65	33	48	4	28
Laboratory	32	62	74	30	2	0
Radiology (X-ray)	62	40	38	30	5	25
Respiratory therapy	12	26	43	38	9	72
Physical therapy	41	69	55	20	3	12
Transport personnel (escorts)	66	38	53	29	3	11

### Reasons for Dissatisfaction:

- Had to wait too long for lab and xray. Person left me sitting in the hall for over an hour.
- Lab work hurt and the person bringing me down bumped me into the wall.
- Waited in cold hall for tests.

## VII. Accommodations/Physical Facility

	Completely Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Completely Dissatisfied	NA
Overall rating of accommodations/facility	63	35	69	30	3	0
Ease of access to the facility	64	77	38	16	5	0
Comfort	38	77	47	30	8	0
Cleanliness	81	62	38	17	2	0
Attractiveness	41	67	49	38	5	0
Temperature	33	64	59	40	4	0
Quietness	77	38	38	38	9	0
Equipment	48	69	55	20	8	0

### Reasons for Dissatisfaction:

- My room was cold, the bed uncomfortable, and it was horribly noisy.
- Not comfortable at all.
- Too noisy.

## VIII. How would you describe the level of your overall satisfaction with your visit to Community Hospital? Circle one answer.

Completely Satisfied (1)	Somewhat Satisfied (2)	Neutral (3)	Somewhat Dissatisfied (4)	Completely Dissatisfied (5)	No Answer
37	86	37	36	0	4

---

## OPTIONAL:

IX. Were there any hospital employees who provided you with exceptional service?

- Harriet Carter
- John Doe
- Mary Smith

X. If this were your hospital, what would you do to make it a better place?

- Hire friendlier nursing staff.
- Reduce the waiting time in the emergency room.
- Remodel - it's too old.

XI. Would you recommend this hospital to others?

	# Responses	% Responses
YES	171	85.5%
NO	29	14.5%

D1. What is your age?.

	# Responses	% Responses
Under 18	24	12%
19 to 24	24	12%
25 to 34	24	12%
35 to 44	24	12%
45 to 54	24	12%
55 to 64	24	12%
65 to 74	24	12%
75+	24	12%
No response	8	4%

D2. What is your sex?

	# Responses	% Responses
Male	103	51.5%
Female	93	46.5%
No Response	4	2%

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D3. What is your marital status?

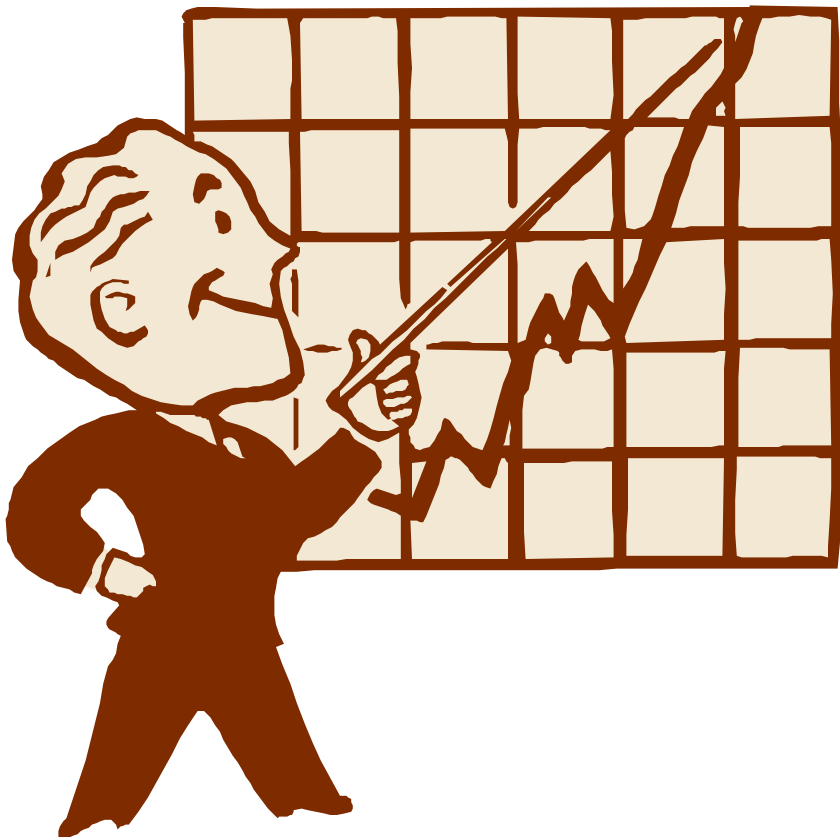
	# Responses	% Responses
Married	127	63.5%
Unmarried	70	35%
No Response	3	1.5%

D4. What is your total annual income?

Response	# Responses	% Responses
Less than \$20,000	28	14%
\$20,000 to less than \$30,000	28	14%
\$30,000 to less than \$40,000	26	13%
\$40,000 to less than \$50,000	25	12.5%
\$50,000 to less than \$75,000	25	12.5%
\$75,000 or more	25	12.5%
No Response	43	21.5%

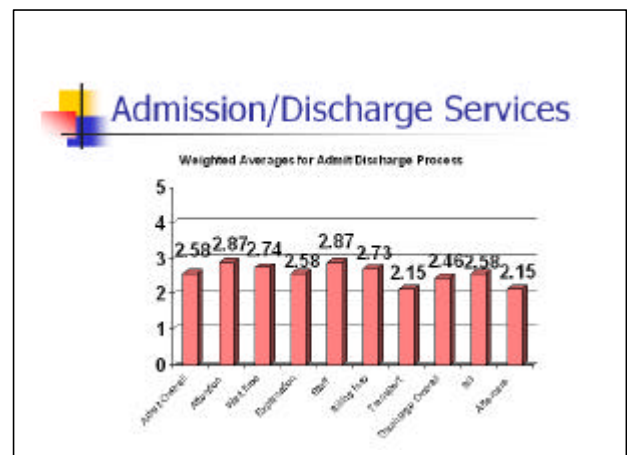
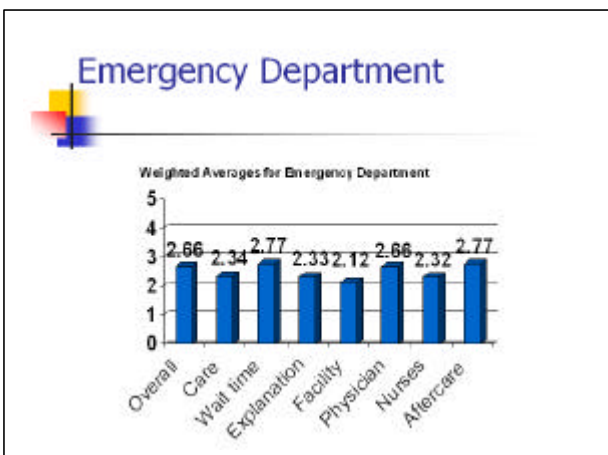
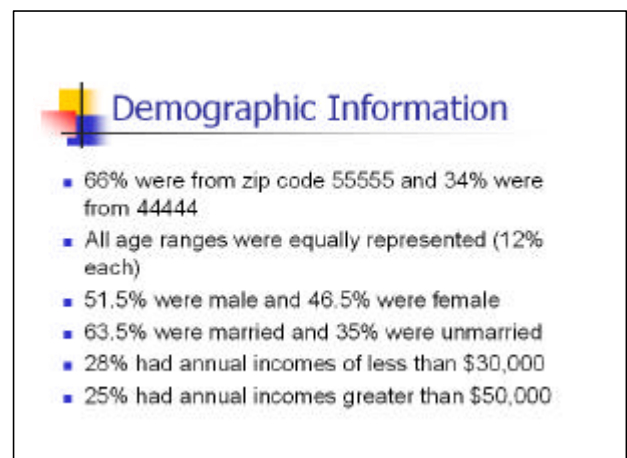
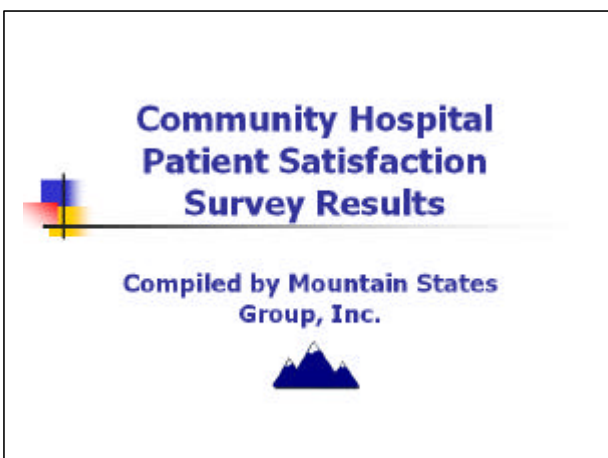
Appendix A contains the actual survey instrument (include actual survey instrument as part of report).

# **SECTION VI**



# Presenting the Data

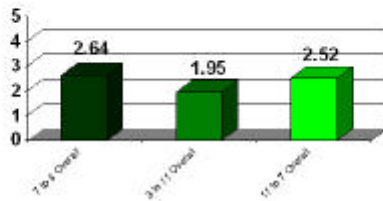
One of the quickest and easiest ways to develop a presentation is using Microsoft Powerpoint. You can take the raw data and transform it into charts and graphs that visually display the results. It is especially useful for comparing data from several different points in time. The following inserts are slides from a Powerpoint presentation that show how you could present the data in a form that is easily understood. A copy of this Powerpoint presentation is included on the Sample Files Disk in Section IV.





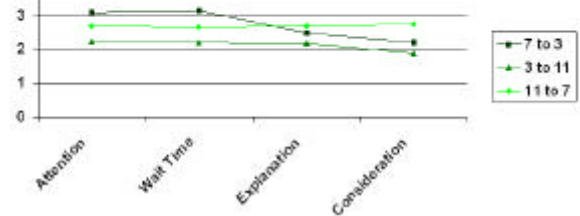
## Nursing Services

Weighted Averages for Overall Satisfaction for Nursing Services



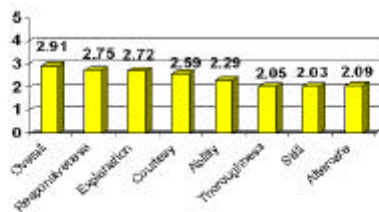
## Nursing Services (cont.)

Weighted Averages for Satisfaction for Various Nursing Services



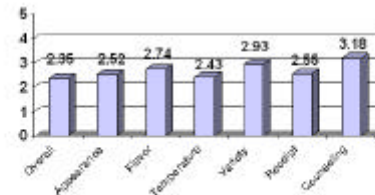
## Physician Services

Weighted Averages - Satisfaction with Physician Services



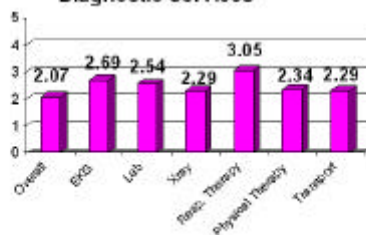
## Nutritional Services

Weighted Averages - Satisfaction with Nutritional Services



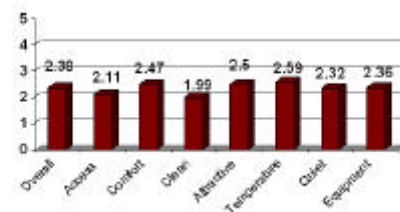
## Diagnostic Services

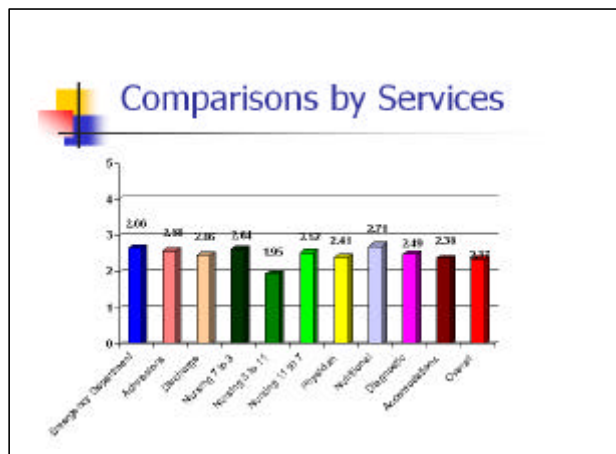
Weighted Averages - Satisfaction with Diagnostic Services



## Accommodations/ Physical Facility

Weighted Averages - Satisfaction with Accommodations





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- ### Summary
- Overall satisfaction was 2.37
  - 85.5% would recommend Community Hospital to others
  - Most satisfied with nursing services provided on the 3 to 11 shift
  - Least satisfied with nutritional services

## ***What Next?***

### ***Making the Most of the Data***

Analyzing the data may be the most complex part of the survey process. Usually, you can get a survey put together in-house, you can get a database of people you want to send it out to, and you may happen to come up with a reasonable response rate. The primary challenge emerges when the completed surveys are returned. If you don't have someone in-house with strong analytic and database-management skills, you may end up with a stack of surveys that are never analyzed adequately. Extracting the meaning and value out of the data is the most crucial step. If your facility does not have the time or resources to analyze your survey data, consider outsourcing this step to a firm that specializes in health care data analysis.

Let's suppose that the data indicates a concern of patients was waiting time in the emergency department. To improve in this area, you could develop a "time-analysis worksheet," which tracks patients' visits by the minute for the time a patient arrived at the emergency room, was greeted by nursing personnel, entered the exam room, was seen by the doctor and so on. This information would allow the physicians and staff to see how they're spending their time and identify possible sources of delays.

You can also use survey data to help resolve specific problems. What if the data suggests that patient satisfaction is a problem in nursing services on the 7 to 3 shift? You could target specific training in customer relations to personnel working on this shift and hopefully improve patient satisfaction ratings over time.

Survey data may also serve as a pat on the back for staff and physicians alike. Overall, your patients may be happy. It's nice to know that there are many patients with a positive image and positive feelings about your facility. Sharing that information with staff, physicians, and the Board of Directors is a good way to celebrate the things that are done well.



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You can also use patient satisfaction data by incorporating the results into a compensation structure. For instance, what if you tied incentives to survey results. You could set up a process that compensated those departments whose patient satisfaction results improved over time. It may be a percentage of end-of-year profits (if any) that are distributed among those departments whose satisfaction levels improved.

However you use the data, make sure you let your patients know that you listened to them and have responded accordingly. Whether you send out a newsletter or a press release to a local paper, everyone appreciates knowing their time was well spent in answering the survey. Providing feedback to your patients will also have the added benefit of increasing response rates for future surveys.

Ideally, there would be a number of facilities that would utilize the same survey instrument and collect data on a number of facilities either statewide or nationally, like the Ontario Hospital Association in Canada has done. Since 1997, they have developed “report cards” on hospital performance and have published three (3) annual hospital reports. Since 1999, these “report cards” have included data on patient satisfaction. They track eight indicators of patient satisfaction - global quality, process quality, outcome, unit-based care, physician care, other caregivers, support services, and housekeeping – both at the patient-level and at the hospital level. The patient level results describe satisfaction levels across all Ontario hospitals. This comparison allows Ontario hospitals to determine how well they performed relative to others across the province of Ontario, taking into account the types of patients the hospital treated. The availability of data from other facilities would allow each hospital to compare or benchmark patient satisfaction levels. Without such data, hospitals can only compare the changes made in patient satisfaction levels from year to year.

## CONCLUSION

In summary, the following suggestions or recommendations should be incorporated into a continuous patient satisfaction survey process.

- Make sure you are ready
- Cultivate an environment that embraces quality improvement - quality must be the core of your vision, values, and goals
- Develop a set of clear and understandable service values and make sure your staff understands and lives by them
- Keep it simple and act on what you learn
- Involve staff and physicians – widespread participation in process design and implementation is critical to the success of the process
- Let your employees help plan your facility’s patient satisfaction and motivational programs - if employees are part of the planning, they’ll be more enthusiastic
- Creating appropriate targets and benchmarks for performance improvement is also strongly recommended
- Quality and continuous performance improvement is critical

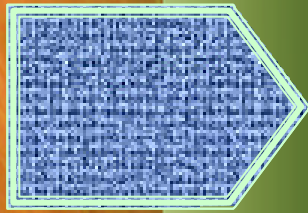
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- Pay close attention to survey results and let your patients know what you have done to address their concerns
  - Communicate with patients that you appreciate and value their input and notify them that you are making specific changes in response either through a general letter to them or an article in a local newspaper
  - Good patient relations start at the top of the organization - from administrators, board members, physicians to nurses and office staff, everyone needs to be enthusiastic and involved
  - Make your initiative fun, not a chore
  - Any initiative should include an element of reward
  - Thanking your employees for a “job well done” is always a good idea and a little positive reinforcement goes a long way
  - Just as your organization’s commitment to patient satisfaction should be ongoing, so should whatever program you begin
  - Patient satisfaction is not just a class or a one-day seminar - it is continuous and needs constant attention
  - Provide professional training when it’s needed
  - Two important training areas include maintaining a service orientation on the telephone and dealing with irate patients
  - Use professional surveys to gauge your patients’ satisfaction
  - Surveys will give you a starting point and help identify improvements that should be celebrated

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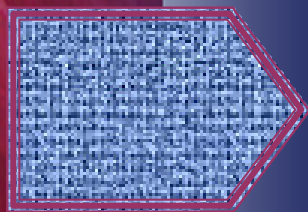
## REFERENCES

1. Bolus, R. & Pitts, J. April 1999, Managed Care, *Patient Satisfaction: The Indispensable Outcome*, (WWW) URL:<http://www.managedcaremag.com/archives/9904/9904patsatis.html>, accessed 10/2/01).
2. Walpert, B. April 1999, Managed Care, *Patient Satisfaction: The Indispensable Outcome*, (WWW) URL:<http://www.managedcaremag.com/archives/9904/9904patsatis.html>, accessed 10/2/01).
3. Walpert, B. April 2000, ACP-ASIM Observer, *Patient Satisfaction Surveys – How to do them right*, (WWW) URL: <http://www.acpoline.org/journals/news/apr00/surveys.htm>, accessed 10/2/01.
4. Borglum, K. 2000, PracticeMgmt.com, *Patient Satisfaction Surveys – A Look in the Mirror*, (WWW) URL: [http://www.practicemgmt.com/patient\\_satisfaction\\_surve.html](http://www.practicemgmt.com/patient_satisfaction_surve.html), accessed 10/2/01.
5. White, B. January 1999, Family Practice Management, *Measuring Patient Satisfaction: How to Do It and Why to Bother*, (WWW) URL: <http://www.aafp.org/fpm/990100fm/40.html>, accessed 10/2/01.
6. Alcorn, S. 1998, Medical Group Management Association, Marketing Guidepost, Vol. 9, Issue 4, Jul/Aug 1998, *Case study: “Mission is Possible” program boosts patient satisfaction scores*, (WWW) MGMA Article Archive, accessed 08/03/01.
7. Choong, P. 2000, Medical Group Management Association, MGM Journal, Vol. 47, Issue 2, Mar/Apr 2000, *Ensuring patient satisfaction in medical groups*, (WWW) MGMA Article Archive, accessed 08/03/01.
8. Moore, J.D., 2000, Medical Group Management Association, ACMPE Paper, August, 2000, *An Analysis of Patient Satisfaction and Compliance with Nurse Recommendations form an After Hours Call Center*, (WWW) MGMA Article Archive, accessed 09/06/01.
9. Paulsen, K. & Westman, D. 2001, Medical Group Management Association, MGM Journal, Vol. 48, Issue 1, Jan/Feb 2001, *Rx for improving patient satisfaction: Results-sharing*, (WWW) MGMA Article Archive, accessed 08/03/01.
10. Applegate, M.B. 1995, Medical Group Management Association, MGM Journal, Vol. 42, Issue 4, Jul/Aug 1995, *Patient satisfaction: Examine your practice through their eyes*, (WWW) MGMA Article Archive, accessed 08/03/01.
11. Dunevitz, B. 2000, Medical Group Management Association, MGM Update, Vol. 39, Issue 2, Jan 15, 2000, *Capturing patient satisfaction data affects groups’ finances, operations*, (WWW) MGMA Article Archive, accessed 08/03/01.
12. Thompson, H.L. 1999, Medical Group Management Association, Marketing Guidepost, Vol. 10, Issue 5, Sep/Oct, 1999, *Patient satisfaction systems: Making the right choice*, (WWW) MGMA Article Archive, accessed 08/03/01.
13. Trandel-Kornechuk, D.M. 1998, Medical Group Management Association, MGM Journal, Vol. 45, Issue 3, May/Jun, 1998, *Comparing and selecting patient satisfaction questionnaires*, (WWW) MGMA Article Archive, accessed 08/03/01.
14. Diestel, P. 1998, Medical Group Management Association, ACMPE Paper, August, 1998, *Development of an Effective Patient Satisfaction Survey*, (WWW) MGMA Article Archive, accessed 08/03/01.

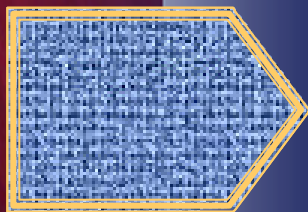
- 
15. Steiber, S.R. & Krowinski, W.J. 1990, *Measuring and Managing Patient Satisfaction* American Hospital Publishing, Inc., Chicago.
  16. Shelton, P.J. 2000, *Measuring and Improving Patient Satisfaction* Aspen Publishers, Inc., Gaithersburg.
  17. Powell, L. (ed) 1999 *Conducting Key Informant and Focus Group Interviews* Mountain States Group, Inc., Boise.
  18. Powell, L. (ed) 1999 *Market Survey Construction Kit* Mountain States Group, Inc., Boise.
  19. Powell, L. 2001 *Conducting Hospital Employee Satisfaction Surveys* Mountain States Group, Inc., Boise.
  20. Canadian Institute for Health Information 2001, *Hospital Report 2001: Acute Care*, Ottawa, Ontario.



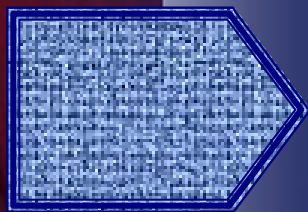
**Contents include why evaluate patient satisfaction; what is satisfaction; a description of survey methods; step-by-step instructions on conducting a written patient satisfaction survey; survey template; processing survey responses; survey report content; survey report templates; and survey report Powerpoint presentation template.**



**Disk with Microsoft Word, Excel, and Powerpoint files with survey templates, report templates, and presentation templates included.**



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